



## **Promoting Health and Hygiene**

### **Managing Children with Allergies, or who are Sick or Infectious (Including reporting notifiable diseases)**

#### Policy statement

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

#### Procedures for children with allergies

- When parents start their children at the pre-school they are asked if their child suffers from any known allergies. This is recorded on the registration form and allergy alert list displayed in Kitchen area.
- If a child has a severe allergy, a risk assessment form is completed to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  - Control measures – such as how the child can be prevented from contact with the allergen.
  - Review dates and timescales.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Staff are trained in how to administer special medication in the event of an allergic reaction.
- A health care plan will also be completed, if applicable.
- Generally, no nuts or nut products are used within the Pre-School.

#### *Insurance requirements for children with allergies and disabilities*

- The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation to the insurance provider must be given to extend the insurance.

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in ***Managing Medicines in Schools and Early Years Settings (DfES 2005)***.

### *Oral Medication*

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to the insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The pre-school must have the parents or guardians prior written consent to administer antibiotics. This consent must be kept on file. It is not necessary to forward copy documents to the insurance provider.

*Life saving medication & invasive treatments* - adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- The Pre-School must have:
  - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
  - written consent from the parent or guardian allowing staff to administer medication; and
  - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
- Copies of all three letters relating to these children must first be sent to the Pre-School Learning Alliance Insurance Department for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.

*Key worker for special needs children* - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- Treatments, such as inhalers or Epipens are immediately accessible in an emergency.

If you are unsure about any aspect, contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk)

### Procedures for children who are sick or infectious

- If children appear unwell during the day – have a temperature, sickness, diarrhoea and/or pains, particularly in the head or stomach – the manager or key worker calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.

- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a 'fever scan' kept near to the first aid box.
- In extreme cases of emergency, an ambulance should be called to take the child to the nearest hospital and the parent informed.
- The pre-school can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

### *Managing a suspected case of Coronavirus*

The main symptoms of coronavirus are:

- a high temperature
- a new continuous cough – this means coughing a lot, for more than an hour, or three or more coughing episodes in 24 hours
- a loss of change to smell or taste – this means they cannot smell or taste anything, or things smell or taste different to normal.

Please refer to the latest government guidance on [next-steps-for-living-with-COVID](#). If it is suspected that a child has COVID, staff do not attempt to diagnose or make assumptions about symptoms presented. They should immediately respond and take action as detailed in this procedure. This includes asking parents/carers to seek further advice from a medical practitioner who may/or may not advise that the symptoms meet the criteria for testing. In which case if the child appears well and displays no further suspect symptoms, they can return to the setting within the timescale advised by the medical practitioner.

The focus on coronavirus must not detract from staff being alert to the signs and symptoms linked to other serious illness as detailed below:

### *What to do if a child seems very unwell*

Children and babies will still get illnesses that can make them very unwell quickly. It is important to get seek medical help and to contact the child's parents immediately.

Call 999 if a child:

- has a stiff neck
- has a rash that does not fade when you press a glass against it
- is bothered by light
- has a seizure or fit for the first time
- has unusually cold hands
- has pale, blotchy, blue or grey skin
- has a weak, high-pitched cry that is not like their usual cry
- is extremely agitated (does not stop crying) or is confused
- finds it hard to breathe
- has a soft spot on their head that curves outwards
- is not responding like they normally do

Being prepared

- All staff are aware of this procedure and their responsibility if a child becomes unwell with coronavirus symptoms at the setting.
- Staff are instructed in how to remove and dispose of PPE equipment safely – this includes aprons and gloves worn during routine care procedures. We display the NHS guide to putting on and removing PPE.

#### If a child becomes unwell

- If a child is displaying any of the symptoms of coronavirus. The manager/deputy calls their parents to collect them immediately. Current guidance states that: 'If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people for 3 days after the day they took the test. The risk of passing the infection on to others is much lower after 3 days, if they feel well and do not have a high temperature. Children and young people who usually attend an education or childcare setting and who live with someone who has a positive COVID-19 test result should continue to attend as normal'.
- We will maintain contact with the parent(s) of the child who was sent home, and ensure they know that their child is entitled to a test and encourage them to get their child tested. To access testing parents should use the 111 online coronavirus service.
- We will ask the parent(s) to let us know the outcome as soon as possible.
- If the test result is positive we will inform all other parents that a child has tested positive and remind them to be aware of the symptoms to look out for.
- We will inform our local authority if a child, or staff member in the setting tests positive for coronavirus.

#### *HIV/AIDS/Hepatitis procedure*

- HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single use vinyl gloves are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

#### *Nits and head lice*

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
  - On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.
- Response to an infection outbreak

Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

[www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis))

Early years providers have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness

- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness
- In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA (UK Health Security Agency), or may wish to contact them for further advice.

#### Further guidance

- Good Practice in Early Years Infection Control (**Alliance Publication**)
- Medication Administration Record (**Alliance Publication**)
- Guidance on infection control in schools and other childcare settings (Public Health Agency)

[https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)